**LOCAL LAW ENFORCEMENT BACKGROUND CHECK**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Sheriff’s Office,

Pursuant to Chapter 435, F.S. the Agency for Persons with Disabilities Suncoast Region request a local records check on the applicant listed below:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Last Name) (First Name) (Middle Name)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

 **(Date of Birth) (Social Security Number) (Race) (Sex)**

Please document the findings on this background check for the return to the above below.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)